

Parent/Guardian Application

Date Application Handed In: ____/____/____

Mentee's General Information

Mentee Name: _____
(First) (Middle) (Last)

Address: _____
(Number) (Street) (Apt Number)

(City) (State) (Zip)

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Emergency Contact Information

Primary Emergency Contact: _____
(First name) (Last name)

Relationship to mentee (Please Check One)

- | | |
|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Father | <input type="checkbox"/> Step Parent |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foster Parent | |

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Secondary Emergency Contact: _____
(First name) (Last name)

Relationship to mentee (please check one)

- | | |
|--|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Legal Guardian |
| <input type="checkbox"/> Father | <input type="checkbox"/> Step Parent |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Other |
| <input type="checkbox"/> Foster Parent | |

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Parent/Guardian Information

Name: _____
(First) (Middle) (Last)

Relationship to Mentee: (check one)

- ☐ Mother
- ☐ Father
- ☐ Grandparent
- ☐ Foster parent
- ☐ Legal Guardian
- ☐ Step-Parent
- ☐ Other _____

Address: _____
(Number) (Street) (Apt Number)

(City) (State) (Zip)

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ Email: _____

Preferred method of contact: (check one)

- ☐ Email
- ☐ Home phone
- ☐ Cell phone
- ☐ Work phone

Mentee Information Continued

Family Structure: (please check one)

- | | |
|---|---|
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Single-Parent Family |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Two-Parent Family |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Kinship Care (ex. Aunt, Uncle) | |

Mentee is from a home with a history of: (check all that apply)

- ☐ Substance abuse
- ☐ Physical abuse
- ☐ Emotional abuse
- ☐ Sexual abuse

Family Household Income: (please check one)

- ☐ <10,000
- ☐ 10,000-24,999
- ☐ 25,000-49,999
- ☐ 50,000-74,999
- ☐ 75,000-99,999
- ☐ 100,000-149,999
- ☐ >150,000

Mentee's Primary Language: (circle one) English Spanish Other

Mentee's Secondary Language: (circle one) English Spanish Other

Mentee's Primary Religion: (please check one)

- ☐ Buddhist
 - ☐ Catholic
 - ☐ Christian
 - ☐ Hindu
 - ☐ Jewish
 - ☐ Muslim
 - ☐ Protestant
 - ☐ Other
 - ☐ Non/Atheist

Sexual Orientation: (please check one)

- ☐ Bisexual
 ☐ Questioning
☐ Gay
 ☐ Transgender
☐ Heterosexual
 ☐ N/A
☐ Lesbian

Has the mentee received any kind of counseling: (circle one) No Yes

Counseling Start Date: _____ / _____ Counseling End Date: _____ / _____
(Month) (Year) (Month) (Year)

Does the mentee have any challenges: (circle one) No Yes

If yes, please check all of the following challenges the mentee has:

- | | |
|---|---|
| <ul style="list-style-type: none"> Academic/School Behavior Personal | <ul style="list-style-type: none"> Attendance Grades/Performance Aggression Anger management Attention deficit/hyperactivity Attitude Delinquency Self control Substance abuse Other Anxiety Confidence Depression Isolation/lack of support Self-esteem |
|---|---|

Please describe the above state challenges:

Is the mentee included in any of the below listed special populations: (please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Adjudicated/court involved | <input type="checkbox"/> Low income |
| <input type="checkbox"/> Foster care | <input type="checkbox"/> Parent involved in military |
| <input type="checkbox"/> Gang at-risk | <input type="checkbox"/> Pregnant/parenting |
| <input type="checkbox"/> Gang involved | <input type="checkbox"/> Runaway/homeless |
| <input type="checkbox"/> Gifted and talented | <input type="checkbox"/> Youth with disability (special education, mental health or physical) |
| <input type="checkbox"/> GLBT Youth (gay, lesbian, bisexual or transsexual) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Immigrant | |
| <input type="checkbox"/> Incarcerated parent | |

Mentee is available to meet: (please check all that apply)

- ☐ Before school
- ☐ AM Block
- ☐ Lunch
- ☐ PM Block
- ☐ After School

Does the mentee have public transportation available in their neighborhood: (circle one)

Yes

No

If yes, what is the name of the public transportation line? _____

Parent/Guardian Preferences Regarding Mentoring Relationship

Do you have a preference for the race of the mentor? (circle one) No Yes

If yes, please check preference(s):

- | | |
|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Multi-racial |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> Caucasian | |

Comments:

Do you have a preference for the primary religion of the mentor? (circle one)

No

Yes

If yes, please check preference(s):

- ☐ Buddhist
- ☐ Catholic
- ☐ Christian
- ☐ Hindu

- ☐ Jewish
- ☐ Muslim
- ☐ Protestant
- ☐ Other
- ☐ Non/Atheist

Comments:

Do you prefer a mentor that is a non-smoker? (circle one)

No

Yes

Comments:

Do you have a preference for the sexual orientation of the mentor? (circle one)

No

Yes

If yes, please check preference(s):

- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual
- ☐ Lesbian

- ☐ Questioning
- ☐ Transgender
- ☐ N/A

Comments:

Please list any other preferences you may have for a mentor:

Goals for Mentee

Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Career exploration | <input type="checkbox"/> Improve social relations |
| <input type="checkbox"/> College readiness | <input type="checkbox"/> Family |
| <input type="checkbox"/> Community service/outreach | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Education/academic support | <input type="checkbox"/> School |
| <input type="checkbox"/> Extracurricular activities | <input type="checkbox"/> Other |
| <input type="checkbox"/> Healthy behaviors
(nutrition/exercise) | <input type="checkbox"/> Resume Development |
| <input type="checkbox"/> Improve behavior | <input type="checkbox"/> Social/cultural adjustment |
| | <input type="checkbox"/> Social-emotional support |
| | <input type="checkbox"/> Other |

Education - Mentee

Is this child enrolled in current grade as scheduled?

- ☐ Yes, promoted from previous grade
- ☐ No, repeated this grade

Is this child a special education student? (circle one) No Yes

Does this child receive tutoring? (circle one) No Yes

School Name: _____

Address: _____

(Number)

(Street)

(City)

(State)

(Zip)

Current School Year: _____ - _____ Current Grade: _____

Referral

Was mentee referred to this program? (circle one) No Yes

If yes, who was the referral through? (please check all that apply)

- ☐ Court
- ☐ Parent/guardian
- ☐ Other mentoring/community program
- ☐ Self referral
- ☐ Social worker
- ☐ Teacher
- ☐ Religion/faith

Prior Mentoring Experience

Program Name: _____

Date Started: _____ / _____
(Month) (Year)

Date Ended _____ / _____
(Month) (Year)

Comments:

Please Return Application To:
<please insert your organizations information here>